Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Patrick T. Du	ınlap			Chec	ck if this is:	
							An amended filing	
Deb	tor 2	Tamara J. D	unlap					ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankı	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA	-	MM / DD / YYYY	
Cas	e number 20	D-11469						
(If ki	nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/15
Be a	as complete ormation. If m nber (if know	and accurate as nore space is ne n). Answer ever	s possible. eded, atta ry question	. If two married people ar				
Par	Is this a joir	ribe Your House	nold					
••	□ No. Go to							
	_	es Debtor 2 live	in a separ	ate household?				
	■ N							
			st file Offici	al Form 106J-2, Expenses	for Separate House	hold of Deb	tor 2.	
•			_					
2.	•	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		14	■ Yes
								□ No
					Niece		16	■ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.		penses include	_	No				□ Yes
		f people other to d your depende	han \square	Yes				
Par	t 2: Estim	ate Your Ongoi	ng Monthi	y Expenses				
Est	imate your ex	a date after the l		uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$	S	2,428.31
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$:	0.00
		estate taxes erty, homeowner's	s, or renter	's insurance		4a. 3 4b. 9		0.00
		•		upkeep expenses		4c. \$		0.00
	4d Home	owner's associat	ion or con	dominium duos		44 0	,	0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

Case 20-11469-pmm Doc 34 Filed 09/23/20 Entered 09/23/20 12:32:19 Desc Main Document Page 2 of 2

Patrick T. Dunlap		20.44400
Tamara J. Dunlap	Case number	(if known) 20-11469
ies:		
	6a. \$	320.00
•		60.00
, , , , ,	·	437.00
		0.00
		800.00
		0.00
		60.00
	·	60.00
•		
•	П. φ	500.00
	12. \$	300.00
	13. \$	200.00
	·	0.00
•	• • • •	
	15a. \$	378.45
Health insurance	15b. \$	1,465.30
Vehicle insurance	15c. \$	235.00
Other insurance. Specify: Work Vehicle Insurance	15d. \$	79.50
		17.00
		46.00
	Ψ	40.00
	16 \$	0.00
•		0.00
	17a. \$	490.06
	·	381.32
• •		0.00
		0.00
		0.00
	\$	0.00
sify:	19.	
er real property expenses not included in lines 4 or 5 of this form or on Se	chedule I: Your	Income.
	20a. \$	0.00
Real estate taxes	20b. \$	0.00
Property, homeowner's, or renter's insurance	20c. \$	0.00
·		0.00
		0.00
	·	
		0.00
Add lines 4 through 21.	;	8,257.94
Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$
Add line 22a and 22b. The result is your monthly expenses.	:	8,257.94
ulate your monthly net income.		
Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	12,744.00
1,7 ()		
Copy your monthly expenses from line 22c above.	23b\$	8,257.94
Copy your monthly expenses from line 22c above.	23b\$	8,257.94
1,7 ()	23b\$ 23c. \$	8,257.94 4,486.06
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106 or payments you make to support others who do not live with you. cify: er real property expenses not included in lines 4 or 5 of this form or on S. Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: culate your monthly expenses Add lines 4 through 21.	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services licial and dental expenses sonal care products and services licial and dental expenses sonal care products and services licial and dental expenses sonal care payments. 11. \$ 12. \$ 15. \$ 16. \$ 17. \$ 18. \$ 19. \$ 19. \$ 10. \$ 10. \$ 10. \$ 11. \$ 12. \$ 12. \$ 13. \$ 14. \$ 15. \$ 15. \$ 16. \$ 17. \$ 17. \$ 18. \$ 18. \$ 19. \$